

**GAC FAMILY SERVICES (GACFS) PLACEMENT REFERRAL FORM**

**PLEASE FILL IN FULLY, ALL THE WHITE BOXES ON THE REFERRAL FORM.**

**A CARE PLAN MUST BE SENT TO GACFS WITHIN 72 HOURS OF THE**

**CHILD/YOUNG PERSON BEING PLACED WITH US.**

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| 1. **REFERRAL**
 |
| **Date of Referral:** | Click or tap to enter a date. |
| **Point of Contact:** | **Name:** | Click or tap here to enter text. |
| **Role:** | Click or tap here to enter text. |
| **Telephone Number:** | Click or tap here to enter text. |
| **Mobile Number:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |
| **Secure Email:** | Click or tap here to enter text. |
| **Referring Local Authority** | Choose a Local Authority |
| **Primary Reason for Placement:** | Click or tap here to enter text. |
| **Secondary Reason for Placement:** | Click or tap here to enter text. |
| **Expected/Requested start date of placement:** | Click or tap to enter a date. |
| **Expected/Requested end date of placement:** | Click or tap to enter a date. |

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| **Is the child/young person:** |
| **Currently in hospital?** | Choose an item. |
| **If Yes, is it for reasons under the Mental Health Act?** | Choose an item. |
| **Currently missing?** | Choose an item. |
| **Currently in Police custody?** | Choose an item. |
| **If ‘Yes’ for any of the above, please indicate that you have agreement to pay a bed retainer at the agreed daily rate?** | Choose an item. |

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| 1. **CHILD/YOUNG PERSON**
 |
| **Forename:** | Click or tap here to enter text. | **Surname:** | Click or tap here to enter text. |
| **Social Care System ID:** | Click or tap here to enter text. | **NHS Number:** | Click or tap here to enter text. |
| **Gender:** [**(Gender Identity Table)**](#_Gender_Identity_Table_1) | Choose an item. | **Ethnicity:** | Choose an item. |
| **D.O.B:** | Click or tap to enter a date. | **Religion:** | Choose an item. |
| **Age:** | Choose an item. | **First Language:** | Click or tap here to enter text. |
| **Height:** | Click or tap here to enter text. | **Interpreter Required?** | Choose an item. |
| **Weight:** | Click or tap here to enter text. | **Legal Status:** | Click or tap here to enter text. |
| **Who holds Parental Responsibility?** | Click or tap here to enter text. |  |  |

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| KEY CONTACTS |
| Role | Name | Telephone | Mobile | Email |
| Social Worker: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Placements Team: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| YOS Worker: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other (Please State) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other (Please State) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| 1. **PLACEMENT HISTORY**
 |
| **Current Placement:** | **Placement Type:** | Choose an item. |
| **Length in Placement:** | Click or tap here to enter text. |
| **Additional Staffing:** | Choose an item. |
| **Contact Person:** | Click or tap here to enter text. |
| **Tel No/Email:** | Click or tap here to enter text. |
| **Previous Placement:** | **Placement Type:** | Choose an item. |
| **Length in Placement:** | Click or tap here to enter text. |
| **Additional Staffing:** | Choose an item. |
| **Contact Person:** | Click or tap here to enter text. |
| **Tel No/Email:** | Click or tap here to enter text. |
| **At what age did the child/young person first come into care?** | **Choose an item.** |
| **Please list, chronologically, every care placement the child/young person has been placed in since their first episode of care, including any returns back home** |
| **Placement Type:** | Choose an item. |
| **Length in Placement:** | Click or tap here to enter text. |
| **Additional Staffing:** | Choose an item. |
| **Contact Person:** | Click or tap here to enter text. |
| **Tel No/Email:** | Click or tap here to enter text. |
|  |  |
| **Placement Type:** | Choose an item. |
| **Length in Placement:** | Click or tap here to enter text. |
| **Additional Staffing:** | Choose an item. |
| **Contact Person:** | Click or tap here to enter text. |
| **Tel No/Email:** | Click or tap here to enter text. |
|  |
| **Placement Type:** | Choose an item. |
| **Length in Placement:** | Click or tap here to enter text. |
| **Additional Staffing:** | Choose an item. |
| **Contact Person:** | Click or tap here to enter text. |
| **Tel No/Email:** | Click or tap here to enter text. |
|  |
| **Placement Type:** | Choose an item. |
| **Length in Placement:** | Click or tap here to enter text. |
| **Additional Staffing:** | Choose an item. |
| **Contact Person:** | Click or tap here to enter text. |
| **Tel No/Email:** | Click or tap here to enter text. |
|  |
| **Placement Type:** | Choose an item. |
| **Length in Placement:** | Click or tap here to enter text. |
| **Additional Staffing:** | Choose an item. |
| **Contact Person:** | Click or tap here to enter text. |
| **Tel No/Email:** | Click or tap here to enter text. |
|  |
| **Placement Type:** | Choose an item. |
| **Length in Placement:** | Click or tap here to enter text. |
| **Additional Staffing:** | Choose an item. |
| **Contact Person:** | Click or tap here to enter text. |
| **Tel No/Email:** | Click or tap here to enter text. |
| **Previous Secure Accommodation Placements (if any)** |
| **Secure Home** | **Legal Order** | **Start Date** | **End Date** | **Destination** |
| Choose an item. | Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. |
| Choose an item. | Choose an item. | Click or tap to enter a date. | Click or tap to enter a date. | Choose an item. |
| **Any other secure accommodation placements not listed above (e.g., Remanded/sentenced, or mental health setting** |
| Click or tap here to enter text. |

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| 1. **FAMILY & SOCIAL RELATIONSHIPS**
 |
| Background/family information – Outline the child’s/young person’s family background & history. Please provide some context & detail around significant life events that may have contributed to a placement being required. |
| Click or tap here to enter text. |
| **Family Structure** |
| **Mother’s Name:** | **Address:** | **Telephone Number:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Father’s Name:** | **Address:** | **Telephone Number:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Sibling’s Name:** | **Address:** | **Telephone Number:** | **Age:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Sibling’s Name:** | **Address:** | **Telephone Number:** | **Age:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Sibling’s Name:** | **Address:** | **Telephone Number:** | **Age:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Sibling’s Name:** | **Address:** | **Telephone Number:** | **Age:** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **At what age did the child/young person first become known to Children’s Services? Please briefly describe the circumstances**  | Choose an item. |
| Further informationClick or tap here to enter text. |
| **What recent events have resulted in a request for a placement at this point in time?** |
| Click or tap here to enter text. |
| **Please describe how the child/young person interacts with peers, professionals, adults, family members etc. Include positive interaction techniques:** |
| Click or tap here to enter text. |
| **Please detail the child’s/young person’s positive behaviours, strengths, aspirations, and interests:** |
| Click or tap here to enter text. |
| **What are the child’s/young person’s views/wishes/feelings regarding this placement?** |
| Click or tap here to enter text. |

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| 1. **BEHAVIOURS/ACE’s**
 |
| **Description of presenting behaviours** | **Details of behaviour (cases/triggers/occurrences, frequency/techniques to de-escalate)** | **Risk Assessment** | **When was the most recent occurrence?** |
| **Violent/challenging behaviours (inc. fire setting)** | Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| **Self-Harm & Suicide attempts** | Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| **Substance misuse** | Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| **Sexualised behaviour (inc. Sexually harming behaviour, CSE)** | Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| **Absconding** | Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| **Gang affiliation/Criminal Exploitation** | Click or tap here to enter text. | Choose an item. | Click or tap to enter a date. |
| **Has the child/young person experienced any of the following adverse childhood experiences (ACE’s)** |
| **Evidence of verbal or emotional abuse** | Choose an item. | **Parental mental illness** | Choose an item. |
| **Physical abuse** | Choose an item. | **Physical or emotional neglect** | Choose an item. |
| **Sexual abuse** | Choose an item. | **Parental criminality or imprisonment** | Choose an item. |
| **Domestic abuse** | Choose an item. | **Separation from parent due to parental deportation or detainment** | Choose an item. |
| **Parental substance misuse** | Choose an item. | **Young Person is a parent** | Choose an item. |
| **Loss of a Parent (death &/or separation)** | Choose an item. | **Bereavement of a significant person** | Choose an item. |
| **If YES to any of the above, please give further details in the section labelled Family and Social Relationships section** |

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| 1. **HEALTH**
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| **Medical Information** | **Details** |
| Current illness/injury | Click or tap here to enter text. |
| Current medication/treatment | Click or tap here to enter text. |
| Current tobacco use | Click or tap here to enter text. |
| Current drug use | Click or tap here to enter text. |
| Current alcohol use | Click or tap here to enter text. |
| Is a detox from substances required? (What substance and why) | Click or tap here to enter text. |
| Medical conditions | Click or tap here to enter text. |
| Physical conditions | Click or tap here to enter text. |
| Treatment in the last 12 months | Click or tap here to enter text. |
| Special dietary requirements | Click or tap here to enter text. |
| Undiagnosed/suspected physical conditions | Click or tap here to enter text. |
| Encopresis | Click or tap here to enter text. |
| Enuretic | Click or tap here to enter text. |
| Visually impaired | Click or tap here to enter text. |
| Hearing impaired | Click or tap here to enter text. |
| Asthma | Click or tap here to enter text. |
| Epilepsy | Click or tap here to enter text. |
| Diabetes | Click or tap here to enter text. |
| Dental requirements/Orthodontics | Click or tap here to enter text. |
| Has the child/young person been diagnosed with any of the following? |
| A learning disability | Choose an item. |
| Autism | Choose an item. |
| Is the child/young person suspected of any of the following? (if ‘YES’, please provide details |
| A learning disability | Click or tap here to enter text. |
| Autism | Click or tap here to enter text. |

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| 1. **METAL HEALTH**
 |
| **Assessment Status:** | Choose an item. |
| **When (Date):** | Click or tap to enter a date. |
| **Who (professional role)** | Click or tap here to enter text. |
| **Where (e.g., police custody, mental health hospital, A&E, etc):** | Click or tap here to enter text. |
| **List known attempted suicidal behaviour/incidents (inc. dates):** | Click or tap here to enter text. |
| **Outcome and follow up treatment:** | Click or tap here to enter text. |
| **Previous/Current Mental Health Service involvement:** |
| In-patient CAMHS (e.g., Tier 4) | Choose an item. |
| CommunityCAMHS | Offered: | Choose an item. |
| Engaged: | Choose an item. |
| Eating Disorder Service: | Choose an item. |
| Other Mental Health input: | Click or tap here to enter text. |
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| **Mental Health Condition(s) - Diagnosed** |
| **Condition** | **Professional (Role not individual)** | **Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| **Mental Health Condition(s) – Suspected (no formal diagnosis)** |
| **Condition** | **Professional (Role not individual)** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| 1. **EDUCATION**
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| **Known to the local Authority’s Virtual School** | Choose an item. |
| **Contact Name:** | Click or tap here to enter text. |
| **Contact Details:** | Click or tap here to enter text. |
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| **Currently on roll at School:** | Choose an item. |
| **Current School:** | Click or tap here to enter text. |
| **Contact Name:** | Click or tap here to enter text. |
| **Contact Details:** | Click or tap here to enter text. |
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| **Currently educated other than school** | Choose an item. |
| **Education setting:** | Click or tap here to enter text. |
| **Contact Name:** | Click or tap here to enter text. |
| **Contact Details:** | Click or tap here to enter text. |
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| **Currently excluded:** | Choose an item. |
| **Exclusion History:** | Click or tap here to enter text. |
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| **ECHP (previously SEN Statement)** | Choose an item. |
| **If ‘In Process’, please elaborate** | Click or tap here to enter text. |
| **Current SEN status:** | Choose an item. |
| **Primary need** | Choose an item. |
| **Secondary need(s)** | Choose an item. | Choose an item. | Choose an item. |
| **Any other relevant information:** | Click or tap here to enter text. |

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| 1. **RELIGIOUS/CULTURAL NEEDS**
 |
| **Are there any specific cultural, religious, or ethnic considerations to take into account?** |
| Click or tap here to enter text. |

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| 1. **REASOSN FOR REFERRAL**
 |
| **Please give details why the referral is being made** |
| Click or tap here to enter text. |
| **Short term objectives for the placement:** |
| Click or tap here to enter text. |
| **Medium to Long term objectives for the placement:** |
| Click or tap here to enter text. |
| **Staffing ratio: What staffing ratio do you anticipate that is required for this child/young person to stay safe & well? (if more than 1:1, has funding been agreed)** |
| Click or tap here to enter text. |

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| 1. **SUPPORTING DOCUMENTS**
 |
| **Document** | **Status** |
| Current local authority Care Plan (CLA, CP, or CIN plan) | Choose an item. |
| Most recent SEN or EHCP plan | Choose an item. |
| Most recent court report | Choose an item. |
| Most recent review | Choose an item. |
| Most recent planning meeting | Choose an item. |
| Most recent summary of relevant events | Choose an item. |
| Other relevant information e.g., psychological report. Please Specify | Click or tap here to enter text. |

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| 1. **UPDATES FROM ORIGINAL REFERRAL**
 |
| Please add the updates from your initial referral below |
| Click or tap here to enter text. |

**PLEASE EMAIL THIS FORM TO** **info@gacfamilyservicesltd.co.uk** **ONCE IT IS FULLY COMPLETED.**

# Gender Identity Table

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| **Identity** | **Explanation** |
| **Agender** | A person who does not identify with any gender. This is different to being aromantic or asexual. |
| **Androgynous** | This is a term that can be used to describe someone who expresses their gender with a mixture of masculine and feminine traits, or with traits that are neither strictly masculine nor feminine. They could be [transgender](https://spunout.ie/lgbti/trans-non-binary/transgender), non-binary, cisgender, or agender. As with most of the terms on this list, it’s best to only refer to someone with how they self-identify. |
| **Bigender** | This is someone who identifies as two genders. These genders may be man and woman, but may also be, for example, woman and agender, or man and nonbinary. |
| **Binary gender** | Binary gender refers to the grouping of gender into only two categories: “man” and “woman.” This is an outdated belief that doesn’t account for the vast range of ways that people experience gender. |
| **Cisgender** | Cisgender is a term for people who identify with the gender they were assigned at birth. If the gender you were assigned fits who you are, you are cisgender. |
| **Cis man** | A person who identifies as a man and was assigned male at birth. |
| **Cis woman** | A person who identifies as a woman and was assigned female at birth. |
| **FTM** | This stands for Female to Male. This term can be used by a transgender person who was assigned female at birth but is a man. |
| **Gender fluid** | Someone who does not have a constant or fixed gender identity and/or gender expression |
| **Genderqueer** | A term used by people whose gender identity is queer, or whose gender falls outside of the gender binary. It might be used by a person who does not subscribe to conventional gender norms, or who identifies as multiple genders, or no genders. |
| **MTF** | This stands for Male to Female. This term can be used by a transgender person who was assigned male at birth but is a woman. |
| **Nonbinary** | People whose gender identity is neither exclusively woman or man or is in between or beyond the gender binary. |
| **Transgender** | Transgender is an umbrella term for people who do not identify with the gender they were assigned at birth. |
| **Trans** | Sometimes used as a shorthand version of transgender or used to be inclusive of a variety of identities under the transgender umbrella. |
| **Trans feminine** | A trans person whose gender identity and/or expression is closer to femininity than masculinity. |
| **Trans masculine** | A trans person whose gender identity and/or expression is closer to masculinity than to femininity. |

**This list is by no means the definitive list, it is merely some of responses used previously. We would encourage and welcome you to use whatever Identity you feel comfortable with and please complete the form using that identity. The reason we ask for this information, is in order for us at GACFS to be able to support you to the best of our abilities and offer you the best care possible. We do not under any circumstances ask for this information to make any judgements about you or your lifestyle.**